FORM B SUPPLEMENTARY

THE REGISTRAR-GENERAL'S DEPARTMENT

THE INCORPORATED PRIVATE PARTNERSHIPS ACT, 1962 (ACT 152)

Supplementary Partner Form

INSTRUCTIONS: COMPLETE FORM WITH BLACK INK AND IN BLOCK LETTERS
PLEASE SPELL OUT ALL WORDS –NO ABBREVIATIONS
*INDICATES MANDATORY FIELD

(A) Partner:																					
Title		Mr				Mrs				Miss				Ms				Dr			
First Name																					
Middle Name																					
Last Name																					
Gender		Male					Female														
Date of Birth	D	D	M	M	Y	Y	Y	Y													
Any Former Name																					
Nationality																					
Does the Director Have a Tax Identification Number (TIN?)													Yes			No					
Section to be filled out by Partner who has a TIN																					
TIN																					
Section to be filled out by Partner who does not have a TIN																					
Type of Identification Used					Voters Card				National ID				Driver's License								
Date of Issue	D	D	M	M	Y	Y	Y	Y													
Date of Expiry	D	D	M	M	Y	Y	Y	Y													
Country of Issue																					
Place of Issue																					
ID Number																					
Mothers Maiden Last Name																					
Mothers Maiden First Name																					
Marital Status		Single				Married				Divorced											
		Separated				Widowed				Widower											
Town of Birth																					
Country of Birth																					
Region of Birth																					
District of Birth																					

Resident		Yes					No														
Other Information		Importer					Exporter					Tax Consultant					Not Applicable				
Current Tax Office																					
Old TIN																					
Employment Type		Self Employed					Employee					Employee of a Foreign Mission									
		Other (Specify)																			
Employers Name																					
Main Occupation																					
Section to be filled out if Partner Does Not have a TIN and is Self-employed																					
Nature of Business																					
Annual Turnover																					
No of Employees																					
Business Address:																					
House No.																					
Building Name																					
Street Name																					
Town / City																					
Location / Area																					
Country																					
Region																					
District																					
Ghana Digital Address																					
Section to be filled out by All Partners (regardless of whether they have a TIN or not)																					
Mobile Number 1:																					
Mobile Number 2:																					
Phone Number 1:																					
Phone Number 2:																					
Fax:																					
E-mail Address:																					
Preferred Contact		Mobile			Email			Letter													
Residential Address																					
House No.																					
Building Name																					

Street:	
Town / City:	
Location / Area	
Country:	
Region:	
District:	
Ghana Digital Address	

Postal Address

Care of:	
Postal Type	P O Box ☐ PMB ☐ DTD
Postal No	
Postal Region	
Postal Town	

Partner's Signature _____ Date: ☐☐ ☐☐ ☐☐☐☐ (d d / m m / y y y y)

(B) Declaration (for a Partner who cannot read or write)

N/B: I……..of……. (address) hereby declare that I have read over the contents of this document to the Partner in the ……. language and the Partner appeared to understand same before thumb printing.

THUMB PRINT OF PARTNER

……..
(Signature)

Date (d d / m m / y y y y) ☐☐ ☐☐ ☐☐☐☐